

Marine Resource Dealer 2003

Resource Dealer Application

Instructions: This form may be used to apply for, or renew licenses. Please review the information provided in Part A and make any corrections and/or additions on the back of this form in the space provided.



Part A: Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Soc. Sec. No: _____ or Fed. Emp. ID: _____
Telephone: (____) _____
E-mail Address: _____

Part B: Fishery Information License Apr. 1, 2003 to Mar. 31, 2004

Check all licenses requested, new or renewal.

	Renew	New	Fees
Wholesale Seafood	<input type="checkbox"/>	<input type="checkbox"/>	\$217
With Lobsters ^{AB}	<input type="checkbox"/>	<input type="checkbox"/>	+\$250
Urchin Buyer ^{ACM}	<input type="checkbox"/>	<input type="checkbox"/>	+\$500
Urchin Processor ^{ADM}	<input type="checkbox"/>	<input type="checkbox"/>	+\$1000
Wholesale Seafood Supp. ^E	<input type="checkbox"/>	<input type="checkbox"/>	\$ 43
Retail Seafood	<input type="checkbox"/>	<input type="checkbox"/>	\$ 85
Lobster Transportation ^F	<input type="checkbox"/>	<input type="checkbox"/>	\$217
If not also applying for Wholesale Seafood With Lobsters ^B			+\$250
Lobster Trans. Supp. ^{EF}	<input type="checkbox"/>	<input type="checkbox"/>	\$ 43
Lobster Meat Permit	<input type="checkbox"/>	<input type="checkbox"/>	\$110
Shellfish Transportation ^F	<input type="checkbox"/>	<input type="checkbox"/>	\$259
Shellfish Trans. Supp. ^{EF}	<input type="checkbox"/>	<input type="checkbox"/>	\$ 85
Marine Worm Dealer ^{GM}	<input type="checkbox"/>	<input type="checkbox"/>	\$ 55
Marine Worm Dealer Supp. ^E	<input type="checkbox"/>	<input type="checkbox"/>	\$ 22
Elver ^M	<input type="checkbox"/>	<input type="checkbox"/>	\$1000
Elver Supplemental ^{EM}	<input type="checkbox"/>	<input type="checkbox"/>	\$ 43

Notes:

A – You must also buy a Wholesale Seafood license (\$217) to obtain one of these licenses.

B – Includes promotion surcharge of \$250

C – Includes research surcharge of \$500

D – Includes research surcharge of \$1000

E – Submit separate applications for each additional supplemental license. An additional supplemental license is required for each additional place of business and/or vehicle being licensed.

F – License allows transportation of resource out-of-State.

G – Available only to Maine Residents.

M – Mandatory reporting. First time applicants must contact DMR Landings Program at (207) 633-9500 for reporting requirements.

Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

Place of Business _____
(If different from mailing address)

Street _____

Town _____

Federal Permit # _____

Vehicle:

Registration # _____ Make _____

Vehicle ID No. _____

Model _____ Year _____

Lessor (if leased) _____ Color _____

Do you handle mahogany quahogs? Yes ☐ No ☐

If Yes, you must provide a copy of proof of certification by the State Tax Assessor before a wholesale seafood license, shellfish transportation license, or shellfish certificate will be issued.

In the wholesale trade do you buy, sell, process,
ship or transport: Shrimp Yes ☐ No ☐
Herring^M Yes ☐ No ☐

Notes:

If yes, your license will reflect a permit for the species chosen. First time applicants for the herring permit must contact DMR Landings Program at (207) 633-9500 for reporting requirements.

Part D: Certification

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct and, if applying for a resident license, that I have read and understood the residency requirements listed on the back of this form and meet those requirements.

Signature _____ Date ____/____/____

(Owner of an Authorized Official of the Firm)

(Month/Day/Year)

Under Title 12, Section 6306, signature of applicant authorizes inspection by Law Enforcement Officers. Application on its face indicates compliance with Statutory criteria.

Instructions:

Complete all information requested in **Part A** on the front of this form. Check all licenses requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. Read the **residency requirements** included on this document and **certify your application with your signature in Part D**.

Enclose this document in an envelope (we cannot accept applications by fax or phone) and include a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. Address to:

Licensing Division
Department of Marine Resources
21 State House Station
Augusta, ME 04333

Check us out on the web! www.maine.gov/dmr

Residency Requirements: Any individual who has been domiciled in Maine for the past 6 months preceding the date of application is eligible for a resident license. A corporation is eligible for a resident license if it has been created and exists under the laws of Maine and it has existed in Maine for 6 months preceding the date of application. A firm or partnership is eligible if all of its officers or partners have been domiciled in Maine for 6 months preceding the date of application. For the purposes of this license application, a resident is a person who:

- A. If registered to vote, is registered in Maine;
- B. If licensed to drive a motor vehicle, has made application for a Maine motor vehicle operator's license;
- C. If the owner of one or more motor vehicles located within the State, has registered at least one of the motor vehicles in Maine; and
- D. If required to file a Maine income tax return on the previous April 15th, filed a Maine income tax return; or
- E. If none of the above apply, a signed statement from a local official verifying residency may be sufficient.

Credit Card Payment: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA ☐ Mastercard ☐ Discover ☐ Card No. _____

In the Amount of \$ _____, expiration date _____

Signed by cardholder _____ date _____